


State of Illinois Department of Employment Security Division of Field Operations www.ides.state.il.us CASH PAYMENT AFFIDAVIT FOR DISASTER UNEMPLOYMENT ASSISTANCE Robert T. Stafford Disaster Relief and Emergency Assistance Act		<div style="text-align: right;">For Office Use Only</div> <table> <tr> <td>County Code</td> <td>Sic Code</td> <td>Local Office No.</td> </tr> <tr> <td>Disaster No.</td> <td>Disaster Date</td> <td>Declaration Date</td> </tr> </table>	County Code	Sic Code	Local Office No.	Disaster No.	Disaster Date	Declaration Date
County Code	Sic Code	Local Office No.						
Disaster No.	Disaster Date	Declaration Date						
Applicant's Name (Last, First, Middle)		Social Security No.						

DUA STATEMENT OF INCOME

I understand that my eligibility for Disaster Unemployment Assistance shall be determined on the basis of my statement if a reliable record of my income from employment and /or self-employment is not obtainable at this time. I also understand that if I am requesting assistance without sufficient documentation, I must provide documentation of my earnings to IDES within 21 calendar days of the date of my application.

I state that I was self-employed or in the employment of

located at _____ in the City of _____, IL ; that I worked from

_____ to _____ that my earnings were \$ _____ per week and that my quarterly earnings

were:

Tax Year/Base Period ending

1 st Quarter 20	2 nd Quarter 20	3 rd Quarter 20	4 th Quarter 20
\$ _____	\$ _____	\$ _____	\$ _____

I submit that all information subscribed above is true and correct to the best of my knowledge and belief. I am aware that the law prescribes penalties of fine and imprisonment for making false statements to obtain benefits. I understand that the information submitted by me to this Department will be used by other Federal, State, or Local Agencies and that the information submitted by to these agencies will be used by the Illinois Department of Employment Security and the U.S. Department of Labor in determining my eligibility for an amount of Disaster Unemployment Assistance. I am further aware that I have 21 calendar days from this application date to provide IDES with documentation to support my claim. Failure to do so may result in a determination holding me ineligible for Disaster Unemployment Assistance.

(Signature)

(Date)

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Records Examined:	W-2 for _____ Year _____ FEIN _____
	Check Stubs from _____ to _____
	Federal 1040 if paid in cash _____
	Other _____
State Agency Representative Signature: _____	